

**Amendment to the Claims**

This listing of claims will replace all prior versions and listings of claims in the application.

**Listing of Claims:**

1. (*currently amended*) A method for confirming a-making a diagnosis of sepsis, said method comprising determining the amount of anti-asialo-G<sub>M1</sub> antibodies (anti-AG<sub>M1</sub> antibodies) of the IgG and/or IgA type in blood, a blood fraction or secretion of a patient in whom sepsis-associated symptoms are present following a sepsis-risk event, wherein an elevated concentration of anti-asialo-G<sub>M1</sub> antibodies in said blood compared to a healthy individual is indicative of sepsis.

2-3. (*cancelled*)

4. (*previously amended*) The method according to Claim 1, wherein said determining step is carried out with an assay type selected from a sandwich assay, a competitive assay and an agglutination assay.

5. (*cancelled*)

6. (*previously amended*) The method according to Claim 1, wherein at least one further sepsis parameter is simultaneously determined.

7. (*previously amended*) The method according to Claim 6, wherein the at least one further parameter is procalcitonin<sub>r</sub>.

8-13. (*cancelled*)

14. (*new*) A method for estimating the risk of a patient to develop sepsis following a sepsis risk-inducing event, said method comprising:

- a) identifying a patient potentially at risk for sepsis following a sepsis risk-inducing event; and
- b) determining the level of anti-asialo-G<sub>M1</sub> (anti-AG<sub>M1</sub>) antibodies of the IgG and/or IgA type in a blood sample, blood fraction or secretion from said patient, wherein an increased level of said antibodies in said sample indicates an increased risk that the patient will develop sepsis.

15. (*new*) The method of claim 14, wherein said sepsis risk-inducing event is surgery, burn, or trauma.

16. (*new*) The method of claim 14, wherein said method is carried out using a ligand binding assay of the sandwich type, or competitive type, or an agglutination assay.

17. (*new*) The method of claim 14, further comprising determining the level of procalcitonin, wherein increased levels of procalcitonin and anti-AG<sub>M1</sub> antibodies of the IgG and/or IgA type when compared to normal individuals indicate an increased risk of the patient developing sepsis.